Dual Eligible Stakeholder Meeting
Monday February 24, 2012 11:00 pm– 2:00 pm
Large Conference Room
312 Hurricane Lane, Williston

Present: Present: Ron Cioffi, RAVNA; Marlys Waller, VT Council of DMHS; Brendan Hogan, Bailit Health; Devon Green, VT Legal Aid; Peter Cobb, VAHHA; Chrissie Racicot, HP; Betsy Davis, SASH; Christine Bishop, Brandeis University; John Pierce; Sam Liss, SILC; Dennis Houle, Lamoille; Laura Driscoll, Rutland VNA; Carrie Hathaway, DVHA; Leslie Wisdom, Div. Rate Setting; Nancy Eldridge, Cathederal Square; Al Frugoli, CCS; Jason Williams, FAHC; Ron Clark, DVHA; Trinka Kerr, VT Legal Aid, Julie Trottier, Cathederal Square; John Barbour, CVAA; John Pierce; Harold Nadeau, VCIL, Sam Liss, SILC; Rita Laferriere; Karen Lorentzan, VPS; Sam Abel-Palmer; Nancy Warner, VT Legal Aid; Lisa Carpenter, DVHA; Susan Wehry, DAIL; Kristin Prior, AHS; Beverly Boget, VNA; Sharon Essi, PACE; VT Legal Aid; Larry Goetschius, Addison Home Health; Laura Pelosi, VHCA; Jackie Majoris, VT Legal Aid; Whitney Nichols, Dion LaShay, Consumer; Deborah Lisi-Baker, Consultant; Susan Besio; PHPG, Debra-Lisi-Baker, Consultant; Mark Larson, Bard Hill and Julie Wasserman, Duals Project

Newly described System of Care
Mark Larson presented a new model for the proposed Dual Demonstration System of Care. See handout titled *Refined Model for Integrated Care.* Due to provider concerns about the involved process of creating new organizational structures known as Integrated Service Providers (ISPs), this new approach features a Core Model as a first step toward achieving the ISP structure. The major distinction between the Core Model and the Integrated Service Provider Model is that the provider is not at financial risk for the provision of integrated services in the Core Model whereas the provider is at financial risk for the same set of integrated services in the risk-bearing ISP Model. The goal is to create an integrated and coordinated service delivery system with improved outcomes. Vermont is aiming for a Demonstration start date of January 2014.

The Core Model requires the development of Care Coordination Providers (CCPs) who will provide services for specific populations. The Core Model will rely upon the existing network of providers in our Specialized waiver programs, with VCCI serving those not in a Specialized program. (VCCI currently focuses on high users in Medicaid and has experience using care coordinators for this population.) All dual eligible individuals in the Demonstration will be part of a CCP or VCCI, will have a primary care physician, and will have access to the Blueprint Community Health Teams. The enhanced "care coordination" payment for either the CCPs or the ISPs could possibly be a prospective payment. There will be standards and expectations for all providers. Social supports such as assistance with

employment and housing will also be included in performance and outcome measures. A PMPM (per member/per month) approach may be used for provider payments. Blended Medicare/Medicaid rates were also discussed.

The Core Model encourages partnerships. An example was given of a local nursing facility collaborating with a local HCBS provider to reduce hospitalizations from the NF to the hospital.

Medicare only and Medicaid only beneficiaries will not be part of the Duals Demonstration. As a result, some providers will have an increased administrative burden dealing with multiple payment systems. However, providers currently utilize multiple payment systems.

Savings for the Demonstration will come off the top and will need to grow over time. There will be areas where the Demonstration may want to invest in additional services (infrastructure) but these expenditures will have to be offset by decreases elsewhere. The discussion included both the provider and the beneficiary perspective.

There was concern that current Medicaid transportation benefits would be somehow diminished. Stakeholders were reminded that the Demonstration will provide all the Medicare and Medicaid benefits required by CMS. This is a CMS condition for all Dual Demonstration Projects.

How will the Demonstration handle attribution of savings? How will we determine who did what given that the enhanced payments will be connected to performance measures? These issues speak to the nature of an integrated system and have yet to be worked out.

The Demonstration needs to be mindful of the law of diminishing returns and realistic about achievable savings: e.g. administrative savings, drug rebates, single pharmacy, and changes in the delivery of care.

There was general consensus from the Stakeholder group that this new Core Model approach is an acceptable option. Providers could choose either the Core Model CCP approach or the ISP model.